

Amendment

TOWNSEND and TOWNSEND and CREW LLP

Two Embarcadero Center, 8<sup>th</sup> Floor  
San Francisco, California 94111-3834  
(415) 576-0200

Attorney Docket No. 19705-000100US

In re application of: Bulent Dervisoglu et al.

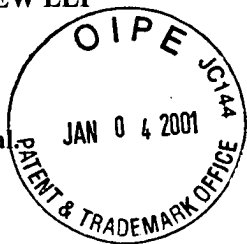
Application No.: 09/275,726

Filed: March 24, 1999

Group Art Unit: 2133

For: ON-CHIP SERVICE PROCESSOR FOR TEST AND  
DEBUG OF INTEGRATED CIRCUITS

THE ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231



Date: January 2, 2001

I hereby certify that this is being deposited with the United States  
Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents  
Washington, D.C. 20231

Signed: *Spikora*

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ ] Enclosed is a petition to extend time to respond.

[X] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by verified statement  
previously submitted.

If any extension of time is needed, then this response should be considered a petition therefor.  
The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA
TOTAL	* 22	MINUS	** 20	=	2
INDEP.	* 3	MINUS	*** 3	=	0
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY

RATE	ADDIT. FEE
x \$9.00 =	\$18.00
x \$40.00 =	\$0.00
+ \$135.00 =	
TOTAL ADDIT. FEE	\$18.00

OTHER THAN  
SMALL ENTITY

RATE	ADDIT. FEE
x \$18.00 =	
x \$80.00 =	
+ \$270.00 =	
TOTAL	

OR

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest  
Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior  
amendment or the number of claims originally filed.

[ ] No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

[X] Claims fee \$ 18.00  
[X] Any additional fees associated with this paper or during the pendency of this application.

1 extra copy of this sheet is enclosed.

Customer No. 20350

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, 8<sup>th</sup> Floor  
San Francisco, California 94111-3834  
Telephone: (415) 576-0200  
Fax: (415) 576-0300

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TOWNSEND and TOWNSEND and CREW LLP

*Gary T. Aka*  
Gary T. Aka, Reg. No. 29,038  
Attorneys for Applicant

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